PART B - FEE(S) TRANSMITTAL

nd send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

IN JUCTIONS: The appropriate All further indicated times correct maintenance fee notifica	form should be used correspondence including delow or directed of tions.	for transmitting the ISSU ng the Patent, advance of herwise in Block 1, by (a	JE FEE and PUBLICA' rders and notification of a) specifying a new corr	FION FEE (if requirements represented in maintenance fees we spondence address;	ired). Bl will be n ; and/or	locks I through 5 sh nailed to the current (b) indicating a separ	tould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	No Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
9561	7590 02/22	2/2008		Cer	-tificote	of Mailing or Transc	niceion
POPOVICH, V 650 THIRD AV SUITE 600	I b Str ad tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
MINNEAPOLIS	S, MN 55402	Ī	Denise M. Vaillancourt (Depositor's			(Depositor's name)	
		_	in all			(Signature)	
			. 4	<u>-as</u>	5-2008	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/537,434	07/15/2005	. Laszlo Czollner					
TITLE OF INVENTION: METHOD FOR PRODUCING SALTS OF TOLPERISONE 04/29/2008 NNGUYEN2 00000045 10537434							
			+	01 FC:15 02 FC:15 03 FC:80	94		1440.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES 100 /	\$ 720 1440	\$300	\$0		\$1 020- \$1749	05/22/2008
EXAMINER ; ART UNIT		CLASS-SUBCLASS			21,14		
SHAMEEM, GOLAM M 1626			546-237000				
1. Change of correspond CFR 1.363).	ence address or indication	2. For printing on the			Robins &	Pasternak LLP	
_ ′	oondence address (or Cha B/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a					
"Fee Address" ind PTO/SB/47; Rev 03-1 Number is required.	lication (or "Fee Address 02 or more recent) attack	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Sanochemia Pharmazeutika AG Wien, Austria							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s)	are submitted:	. 4	b. Payment of Fee(s): (Ple	ease first reapply a	ny previ	ously paid issue fee s	hown above)
☑ Issue Fee ☑ A check is enclosed.							
☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-1648 (enclose an extra copy of this form).							
Advance Order -	# of Copies3		overpayment, to Der	osit Account Numb	rge the re er <u>18</u> –	equired fee(s), any def 1648 (enclose an	n extra copy of this form).
	itus (from status indicate	•	b. Applicant is no lo	nger claiming SMA	LL ENT	ITY status. See 37 CF	FR 1.27(g)(2).
NOTE: The Issue Fee an	nd Publication Fee (if req		d from anyone other than				e assignee or other party in
		1		no U	laci	/n </td <td></td>	
Authorized Signature	D-1 T	Pohing	· · · · · · · · · · · · · · · · · · ·	Date	do l	33,208	
Typed or printed nam				Registration N			by the LICOTO to access?
Inis collection of inform	nation is required by 37 (JRK J.311. The information	on is required to obtain of	stimated to take 12	uic puoll minutes	to complete, including	by the USPTO to process)

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.